

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7		1						57					
8		1						58					
9		1						59					
10		1						60					
11		1						61					
12		1						62					
13		1						63					
14		1						64					
15		1						65					
16		1						66					
17		1						67					
18		1						68					
19		1						69					
20		1						70					
21		1						71					
22	1							72					
23	1							73					
24		1						74					
25		1						75					
26	1							76					
27	1							77					
28								78					
29	1							79					
30		1						80					
31		1						81					
32		1						82					
33	1							83					
34		1						84					
35		1						85					
36		1						86					
37		1						87					
38		1						88					
39		1						89					
40		1						90					
41	1							91					
42	1							92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	7	↓			↓			TOTAL IND.	↓			↓	
TOTAL DEP.	35	←		←		←		TOTAL DEP.	←			←	
TOTAL CLAIMS	42							TOTAL CLAIMS					

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